



**ESCORT SERVICE
LICENSE APPLICATION**
Complete in Triplicate

CITY LICENSE
(316) 268-4553

Fee \$100.00

New _____
Renewal _____

BUSINESS INFORMATION:

Business Name		Phone Number	
Address		Zip Code	
Building Owner		Days/Hours Open	
Owner Address		Zip Code	

APPLICANT INFORMATION: Complete the following for each partner in the business (if more space is needed, attach additional sheet).

Name		Alias/Maiden Name	
Address		Zip Code	
Phone Number		Date of Birth	
		City/State of Birth	

CORPORATION (IF APPLICABLE):

Name of Corporation			
State of Incorporation		Date of Incorporation	

Please provide the following information for all current officers, directors, and each stockholder holding five percent (5%) or more stock in the corporation (if more space is needed, attach additional sheet).

Name		Alias/Maiden Name	
Address		Zip Code	
Phone Number		Date of Birth	
		City/State of Birth	

MANAGER INFORMATION: If manager and applicant are the same person, write "same as applicant".

Name		Alias/Maiden Name	
Address		Zip Code	
Phone Number		Date of Birth	
		City/State of Birth	

Within five years prior to the date of submitting this application, have any of the persons listed above or on subsequent pages been adjudged guilty, placed on diversion, pled nolo contendere to a felony or any crime involving moral turpitude? If so, list any convictions and the date and location: _____

Have you ever been refused any similar license or permit or had a similar license revoked? _____

If so, what was the business name? _____

Why was the permit revoked/refused? _____

I, _____, the above named applicant, do solemnly swear that I have read the contents of this application and that all information and answers herein contained are complete and true. In addition, I have read and understand all rules and regulations as set out in Chapter 3.07 of the City Code of Wichita. Furthermore, I hereby agree to comply with all laws of the State of Kansas, and all rules and regulations prescribed by the City of Wichita and I consent to the immediate revocation of my license, by the proper officials, for any violation of such laws, rules or regulations.

Signature of Applicant

Date

Notary Public

My appointment expires on the _____ day of _____, 20_____.

FOR OFFICIAL USE ONLY

POLICE	APPROVED	DISAPPROVED	DATE
HEALTH			
CENTRAL INSPECTION			

FIRE			
CITY MANAGER			
CITY COUNCIL			
LICENSE NUMBER		EXPIRATION DATE	